



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4) Summary Sheet

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
The Bardach For Judge Committee

2. Acronym or abbreviated name, if any

3. Committee telephone number
(317) 844-0195

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
P.O. Box 741

5. City, state, ZIP code
Carmel, IN 46082

6. Party affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)
Gail Bardach

8. Party affiliation or if independent
Republican

9. Office sought (Include district number, if any. **Not required for exploratory committee.**)
Judge, Hamilton County Superior Court 6

10. County of residence
Hamilton

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting period:
From: January 1, 2008 Through: December 31, 2008

13. Cash on hand and investments at the beginning of this reporting period.

COLUMN A
This Period

COLUMN B
Year to Date

- 0 -

14. Cash on hand and investments January 1, current year.

- 0 -

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

- 0 -

- 0 -

15b. Unitemized

- 0 -

- 0 -

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

- 0 -

- 0 -

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

- 0 -

- 0 -

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

- 0 -

- 0 -

17b. Unitemized

- 0 -

- 0 -

17c. Add lines 17a and 17b in both columns

SUBTOTAL

- 0 -

- 0 -

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL

\$ 5299.43

19. Debts OWED BY the committee (use Schedule D)

\$ 0.00

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Signature on File

Title
Treasurer

Date
1/19/09

Date
1/19/09

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

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CLERK
HAMILTON COUNTY COURTS (7)

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OF A POLITICAL COMMITTEE**

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**(CFA-4 SCHEDULE D)
Debts Owed by This Committee****FILE NUMBER**Page 1 of 1

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD			
		NATURE OF DEBT						
Lee Bardach 13474 Dallas Drive Carmel, IN 46033 LENDERS OCCUPATION: Salesman		\$7500	4/19/06	- 0 -	\$ 5299.43			
		Loan						
SUB TOTAL THIS PAGE OF SCHEDULE D					\$ 5299.43			
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 5299.43			